

IN THE IOWA DISTRICT COURT FOR _____ COUNTY

IN THE MATTER OF THE CONSERVATORSHIP OF _____	Probate No. _____ Final Report
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NOTE: If additional space is needed, please add a separate page as an attachment.

1. This report is for the period from _____ to _____.
(Use ending date of last accounting where applicable.)
2. Total cash on hand at close of the last accounting was \$_____.
3. Total sum of funds received during this report period was \$_____. (Attach as Exhibit "A" itemization showing date received, source of funds and amount.)
4. Total sum of disbursements made during this report period was \$_____. (Attach as Exhibit "B" itemization showing date, who was paid and amount paid for item or service.)
5. The balance of cash on hand at the close of this report period is \$_____.
6. The other assets of the ward at the close of this report are: (Attach listing of assets held and the value or remaining balances marked Exhibit "C". If assets remained the same as of the last report, a copy of the last listing may be used.)
7. Changes _____ made in investment during this report period. (Attach as Exhibit "D" itemized list of changes when applicable.)
8. The total value of assets of the ward at the close of this report period is \$_____.
9. (Check one) (Attach as Exhibit "E" statement of reasons for termination.)
The court on the _____ day of _____, 20__ ordered termination.
The termination is concurrently being sought along with approval of final report.
10. On termination, funds and assets of this conservatorship will be distributed to (name, address, relationship to ward, if any):

11. Notice of hearing on final report _____ been waived. (If waived attach copy of waiver.)
12. Amount of conservator's bond is \$_____. Surety is: _____. Order approving final report and termination should discharge surety and release bond.
13. (Check one)
The conservator is also the guardian and has filed final guardian's report on _____.
The ward has no guardian.
The name of the ward's guardian is: _____

14. (Answer Number 14 only if ward has no guardian.)

a. The residence and physical location of the ward is:

b. The ward's general physical and mental condition is:

15. Other information relating to affairs of the conservatorship: (If conservatorship has special circumstances which do not adapt to this form, add Exhibit "F" setting out special circumstances in detail.)

16. Final court costs _____ been paid.

17. Fees for conservator are _____
(Attach Affidavit per Iowa Code section 633.202.)

18. Fees for conservator's attorney (check one):

Should be set by the court

No fees requested

Waived or not applicable

(Attach Affidavit per Iowa Code section 633.202, if fees are requested.)

19. Receipt(s) of the distributee(s) for the funds and assets of the conservatorship (check one):

Are attached.

Will be attached to supplemental report after court approves final report.

I certify under penalty of perjury and pursuant to the laws of the State of Iowa that the preceding is true and correct.

Date: _____

Signature of Conservator:

[Name] /s/ _____

[Law firm] _____

[Mailing Address] _____

[Telephone Number] _____

[E-mail Address] _____

[Additional E-mail Address] _____

(NOTE: Bank statements, checks, receipts, stubs and other items evidencing receipt of funds and payment must be available to the court on demand.)